

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

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Statement covers period from 7/1/2020 through 9/19/2020	Date of election if applicable: (Month, Day, Year) 11/3/2020
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

2. Type of Statement:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report |
|--|--|

3. Committee Information

I.D. NUMBER

NOT YET RECEIVED

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

COMMITTEE TO ELECT MIGUEL MADRID  
CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

SANDRA K. MALES-MADRID

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/21/2020  
Date

Executed on 9/21/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MIGUEL MADRID

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL HEMET DISTRICT 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

Attach continuation sheets if necessary



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT  
MIGUEL MADRID FOR CITY COUNCIL 2020

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>		CALIFORNIA FORM <b>460</b>
Page <u>3</u> of <u>8</u>		
I.D. NUMBER <u>NOT YET RECEIVED</u>		

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>4173-</u>	\$ <u>4173-</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>1500.-</u>	\$ <u>1500.-</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>5673-</u>	\$ <u>5673-</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>-</u>	\$ <u>-</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>5673-</u>	\$ <u>5673-</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>1769-</u>	\$ <u>1769.-</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>-</u>	\$ <u>-</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>1769-</u>	\$ <u>1769-</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>219.-</u>	\$ <u>219.-</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>-</u>	\$ <u>-</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>1988</u>	\$ <u>1988-</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
<u>  </u> / <u>  </u> / <u>  </u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>-</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>5673-</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>-</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>1769</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3904-</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>-</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>-</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>8/3/2020</u> through <u>9/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT MIGUEL MADRID CITY COUNCIL 2020

I.D. NUMBER

NOT YET RECEIVED

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2020	MIGUEL MADRID [REDACTED]	IND COM OTH PTY SCC	RETIRED	772.70	772.70	9/19/2020
9/8/2020	SANDRA K. MALES-MADRID [REDACTED]	IND COM OTH PTY SCC	RETIRED	1500.00	1500.00	9/19/2020
9/16/2020	DEBBIE FOUTZ [REDACTED]	IND COM OTH PTY SCC	SELF EMPLOYED CPA	750.00	750.00	9/19/2020
9/16/2020	TODD A. FOUTZ [REDACTED]	IND COM OTH PTY SCC	SELF EMPLOYED CPA	750.00	750.00	9/19/2020
9/16/2020	STEVE & DEBBIE SIMPSON [REDACTED]	IND COM OTH PTY SCC	SELF EMPLOYED OPTOMETRIST	200.00	200.00	9/19/2020
SUBTOTAL \$				3972.70		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3972.70
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ —
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 3972.70

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee



# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 8/1/2020  
through 9/19/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT MIGUEL MADRID CITY COUNCIL 2020

I.D. NUMBER

NOT YET RECEIVED

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2020	KENNETH J. GRAFF [REDACTED]	IND COM OTH PTY SCC	RETIRED	\$100.00	100.00	9/19/2020
9/16/2020	ERIC GOSCH [REDACTED]	IND COM OTH PTY SCC	CAR DEALER GOSCH AUTO	750.00	750.00	9/19/2020
9/16/2020	GISELA GOSCH [REDACTED]	IND COM OTH PTY SCC	RETIRED	750.00	750.00	9/19/2020
9/16/2020	KEVIN FARRENKOPE [REDACTED]	IND COM OTH PTY SCC	CEO BANK OF HEMET	100.00	100.00	9/19/2020
		IND COM OTH PTY SCC				
SUBTOTAL \$				1700.00		

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1700.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ —

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 5672.70

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 7/1/2020  
through 9/19/2020

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FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT  
MIGUEL MADRID FOR CITY COUNCIL 2020

I.D. NUMBER

NOT YET RECEIVED

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
SANISRA K. MALES MADRID [REDACTED]	RETIRED	\$ <u>0</u>	\$ <u>1500.00</u>	PAID \$ <u>—</u> FORGIVEN \$ <u>—</u>	\$ <u>1500<sup>00</sup></u> <del>1500.00</del> DATE DUE	<u>—</u> % RATE \$ <u>—</u>	\$ <u>1500<sup>00</sup></u> <u>9/8/20</u> DATE INCURRED	CALENDAR YEAR \$ <u>1500<sup>00</sup></u> PER ELECTION** \$ <u>—</u>
† <u>IND</u> COM OTH PTY SCC		\$ <u>—</u>	\$ <u>—</u>	PAID \$ <u>—</u> FORGIVEN \$ <u>—</u>	\$ <u>—</u> DATE DUE	<u>—</u> % RATE \$ <u>—</u>	\$ <u>—</u> DATE INCURRED	CALENDAR YEAR \$ <u>—</u> PER ELECTION** \$ <u>—</u>
† <u>IND</u> COM OTH PTY SCC		\$ <u>—</u>	\$ <u>—</u>	PAID \$ <u>—</u> FORGIVEN \$ <u>—</u>	\$ <u>—</u> DATE DUE	<u>—</u> % RATE \$ <u>—</u>	\$ <u>—</u> DATE INCURRED	CALENDAR YEAR \$ <u>—</u> PER ELECTION** \$ <u>—</u>
† <u>IND</u> COM OTH PTY SCC		\$ <u>—</u>	\$ <u>—</u>	PAID \$ <u>—</u> FORGIVEN \$ <u>—</u>	\$ <u>—</u> DATE DUE	<u>—</u> % RATE \$ <u>—</u>	\$ <u>—</u> DATE INCURRED	CALENDAR YEAR \$ <u>—</u> PER ELECTION** \$ <u>—</u>
SUBTOTALS \$		\$ <u>—</u>	\$ <u>1500</u>	\$ <u>—</u>	\$ <u>1500</u>	\$ <u>—</u>	\$ <u>1500</u>	

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 1500  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ —  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 1500  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

† Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.



# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>9/1/2020</u> through <u>9/19/2020</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER <u>COMMITTEE TO ELECT MIGUEL MADRID FOR CITY COUNCIL 2020</u>		I.D. NUMBER <u>NOT YET RECEIVED</u>

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ANZ PRINTING 2325 S. SAN JACINTO SAN JACINTO CA 92583	LIT		\$ 1339.-
BLANCHARD PRINTING 6750-A CENTRAL AVE RIVERSIDE, CA 92504	LIT		\$ 430.-

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>1769.-</u>
2. Unitemized payments made this period of under \$100	\$ <u>-</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> <u>1769.-</u>

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>COMMITTEE TO ELECT</u> <u>MIGUEL MADRID FOR CITY COUNCIL 2020</u>	I.D. NUMBER <u>NOT YET RECEIVED</u>
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>PRINTOGRAPH</u> <u>7651 N. SAN FERNANDO Rd.</u> <u>BURBANK CA 91505</u>	<u>LIT</u>	<u>0</u>	<u>\$219.-</u>	<u>0</u>	<u>\$219.00</u>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$** \$ 219- **\$** — **\$** 219-

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 219.-
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 219.-

May be a negative number

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